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ABSTRACT

This report describes a 2-day elder abuse workshop, hosted by the Seniors' Education Centre, University Extension, University of Regina in 1989 and attended by 96 participants from across Saskatchewan, Canada. Included is the text from the keynote address by Geri McGrath, a social worker from the Psychogeriatrics Day Hospital, Seven Oaks General Hospital, Winnipeg, Manitoba. McGrath's speech provides an overview of the problem of elder abuse. A presentation by Ellen Gun, Director of Prosecution, Province of Saskatchewan, provides a detailed account of the process followed in dealing with cases of elder abuse, as dictated by the Criminal Code. A presentation by Mary Ellen Wellsch, Public Trustee for Saskatchewan, Department of Justice, explains how the proposed Dependent Adults Act could pertain to elder abuse and discusses what interventions are currently possible in terms of elder abuse. A presentation by Maurice Miron, senior consultant, Elder Abuse Prevention, Family Violence Prevention Branch, Health & Welfare Canada, Ottawa, provides an update on the national survey on elder abuse currently being conducted by the Ryerson Polytechnical Institute (Toronto, Canada). Recommendations are listed from sessions held to examine home care, human services, special care homes, and voluntary and family caregivers and seniors. A list of participants, their affiliations, addresses, and telephone numbers is appended, as are the Focus on Elder Abuse Workshop agenda, relevant workshop materials, and a list of the Elder Abuse Workshop Advisory Committee members. (NB)

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University of Regina

University Extension

Seniors' Education Centre

ED 366 873

Report on Focus on Elder Abuse Workshop

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Regina, Saskatchewan
May 31 & June 1, 1989

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FOREWORD

This first known Saskatchewan elder abuse workshop, hosted by the Seniors' Education Centre, University Extension, University of Regina, was made possible with the help of many people. I would like to thank the advisory committee for their thoughts and suggestions, John Oussoren for his direction, Mabel Beattie for her untiring clerical support, and Laura Saal for her work at the workshop itself. Funding assistance was provided by the Seniors Independence Program, Health and Welfare Canada.

Additional copies of this report and more information about this workshop on elder abuse can be obtained from the Seniors' Education Centre, Room 112, College Building, University of Regina, Regina, SK, S4S 0A2 or by phoning (306)779-4816.

Barbara C. Saal
Saal Training and Consulting

EXECUTIVE SUMMARY

On May 31 and June 1, 1989, 96 participants came from across the province to the Focus on Elder Abuse workshop held at the University of Regina. The workshop was hosted by the Seniors' Education Centre, University Extension, with funding support from the Seniors Independence Program, Health and Welfare Canada.

Norma Wallace, manager, New Horizons, welcomed the participants to the workshop on Wednesday evening. A showing of the National Film Board presentation A House Divided, a documentary on elder abuse, followed. Lyn Wright, the film's director, answered questions and discussed the making of the film. A reception completed the evening.

On Thursday morning, Beattie Martin, M.L.A. and legislative secretary to the minister of health, and Dr. Lloyd Barber, president, University of Regina, brought greetings from the provincial government and the university respectively. Geri McGrath, the keynote speaker, gave an overview of elder abuse.

After a nutrition break, hosted by the Government of Saskatchewan, the participants broke into individual sessions. The human services session, with Geri McGrath and Dr. Jim O'Carrol presenting, had 39 participants. The special care home session with Cheryl George presenting had 11 participants. The home care session with Shan Landry presenting had 12 participants. The voluntary and family caregivers and seniors session with Maurice Miron presenting had 34 participants.

After lunch the participants came together for a plenary session on elder abuse resources. Ellen Gun, director of prosecution for the Province of Saskatchewan, gave a detailed account of the process followed in dealing with cases of elder abuse, as dictated by the Criminal Code. Mary Ellen Wellsch, public trustee for the Province of Saskatchewan, explained how the proposed Dependent Adults Act could pertain to elder abuse and discussed what interventions are currently possible in terms of elder abuse. Maurice Miron, senior consultant, Elder Abuse Prevention, Family Violence Prevention Division, Health and Welfare Canada, Ottawa, gave an update on the national survey on elder abuse currently being conducted by the Ryerson Polytechnical Institute. He went on to list the funding available for elder abuse projects through the federal initiative to combat family violence in Canada. John Oussoren, coordinator, Seniors' Education & Special Projects, University of Regina, launched the Saskatchewan Directory of Elder Abuse Resources which was produced for the Focus on Elder Abuse workshop.

The participants returned to their individual sessions to formulate recommendations for action concerning elder abuse. A spokesperson from each individual session reported to a final plenary session at the end of the day. Two strong recommendations were the need for further education at all levels, and to send a letter to both the government and opposition regarding the need for a policing clause in the proposed Dependent Adults Act.

PLENARY SESSION PRESENTATIONS

KEYNOTE ADDRESS BY GERI MCGRATH, SOCIAL WORKER, PSYCHOGERIATRICS DAY HOSPITAL, SEVEN OAKS GENERAL HOSPITAL, WINNIPEG

I am very happy to be here this morning and see the range of people who are attending this conference because, as we will see more and more throughout the day, it takes all of us working together to address this issue.

I would like to start just by giving you a little bit of background about myself and where I am coming from with regard to elder abuse. I graduated with my Bachelor of Social Work in 1973 from the University of Manitoba. For eight years I worked in the community home care program in the province and that, as those of you know who work in that area, brought me into a lot of homes of seniors and families caring for seniors. Subsequent to that I have worked in a personal care home and am currently working in an out-patient psychogeriatric treatment program.

My interest in elder abuse started back in the 1970s when, as visiting social workers and nurses, we really did not know what to do about the problem. We were just beginning to identify it. Subsequent to a home care study that was initiated and carried out, the Donna Shell report came out in 1982 with some statistics in Manitoba. That was basically the beginning of our attempts to recognize and deal with the problem of elder abuse.

I would like to begin by reading two sections of the Canadian Charter of Rights and Freedoms.

Section 7, dealing with legal rights: "Everyone has the right to life, liberty, and security of the person and the right not to be deprived thereof, except in accordance with the principles of fundamental justice."

And Section 15.1, under Equality Rights: "Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and in particular without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability."

The reason we are all here today is that the basic rights and freedoms of a lot of elderly people are being violated. We are here to address how to deal with that.

As was mentioned in the opening remarks, abuse of the elderly can and does exist in Canada. It is probably more widespread than is generally suspected by the public and few professionals working with the elderly receive special

training in detection of abuse or intervention with victims or their abusers. In recent years the whole issue has been gaining recognition as another dimension of family violence but for the most part the legislation, guidelines for detection and intervention, and support services currently in place for child and spouse abuse are yet to be implemented in the case of elder abuse.

Statistics show that both the numbers and the percentage of elders among our population are increasing. By the year 2000 it is expected that up to twenty percent of the Canadian population will be over the age of 65. It can therefore be assumed that the potential for elder abuse and victimization will also increase. I was asked to give an idea of statistics and it is very difficult to do that. It is difficult to establish a confident estimate of the incidence and prevalence of elder abuse. Research is complicated by a number of factors: (1) a lack of standard definitions; (2) under-reporting; and (3) a frequent lack of recognition of the problem among professionals who might do the reporting.

Most of the statistics come out of the United States. In a 1988 study by Pillemer and Finkelhor, it was estimated that 32 out of 1,000 elders in the U.S. are victims of physical violence, verbal aggression, and/or neglect. The Manitoba study in 1982 estimated 2.2 percent of seniors were the victims of abuse but they felt this was a conservative estimate--just the tip of the iceberg. A Canadian study by Ghent, DeSilva, and Farren in 1985 estimated that in Canada up to 100,000 elders could be victims of abuse each year. So we are not talking about a small problem.

Abuse and neglect of the elderly take a number of forms. It happens in society in general where seniors are frequent victims of personal and violent crimes, and fraud--you know, the door-to-door sales people who fix their roofs for $5,000. In institutions, hospitals, and personal care homes where people are entrusted to our care they are often victimized by the very staff or the policies of the institutions that are there to care for them.

What we are probably going to be addressing a great deal today is abuse by family and informal care providers. This can take a number of forms: physical, psychosocial, financial. It can also be neglect, which can be active or passive, and a violation of human rights, taking away their right to make decisions, choices.

I would also include for your consideration the whole area of self abuse. While this is not perpetrated by another individual it is, nevertheless, a problem that we need to address. This includes: alcohol or drug abuse on the part of the senior; a grossly improper diet or refusal to eat;

refusal to seek needed medical attention; or refusal to accept medications or recommended treatments. In some of my work with people who are self-abusing, I have found that it occurs most often, but not exclusively, when a person lives alone. It may include elements of subintentional suicide and it may be a reaction to abusive treatment by others.

I will not go into the definitions of elder abuse and neglect for each of those categories. I am assuming that this may have been made available to you as a handout. If not, I can make it available to the sessions later this morning.

What are some of the effects of abuse and neglect on the elderly? What does abuse do to them? It has effects on their physical health. We see people with malnutrition, dehydration, poor hygiene, fractures, dislocations, lacerations, bruises, aggravations of illness due to deprivation of medications or medical treatment. These increase the susceptibility to illness, failure to rehabilitate, and failure to thrive. Failure to thrive is an expression usually applied to infants who do not receive the comforts and necessities for living. We see the same phenomenon occurring with elders who have been abused or neglected.

How does it make them feel emotionally? What kind of emotional reactions are we seeing? Anger, fear, helplessness, hopelessness, shame, and a lot of self-blame. I have heard a number of abused elderly people say, "It's my own fault. I know it's my own fault. I'm so slow. I can't do the things I used to do. I don't blame them for pushing me around." Blaming themselves for the abuse that is occurring. Guilt, particularly if it is the children who are abusing them. "How could my son or daughter abuse me this way. I must have been a bad mother. I must have been a bad father. I didn't raise them properly." A lot of guilt. There is still a lot of guilt in our society attached to being a victim and the elders are certainly presenting with these feelings. Feelings of worthlessness and loss of self-esteem, and finally and frequently, the loss of the will to live.

The effects on their mental health are also quite profound. We see disorientation where a person who was living in a supportive and stimulating environment may not be disoriented, but in a neglected and unstimulated environment they become disoriented or increasingly confused. Depression. In some cases victims of abuse may present clinically as severely depressed, paranoid, schizophrenic, or suicidal.

For those of you who are working actively with seniors, you may say these above characteristics can apply to a lot of

seniors for a lot of different reasons. I am not suggesting here that if a person presents with these characteristics that they are necessarily abused. What I am suggesting is if you see somebody who has a number of these emotional and physical characteristics, your suspicion may be aroused. You might want to investigate it further.

I mentioned that a person may be suicidal or may resort to self abuse if they are a victim of abuse and I would just like to share with you the most recent case of abuse with which I worked. This was a 69-year-old woman who came into our emergency department at the hospital very frequently with psychosomatic complaints. You see them. They turn up every two weeks, every month. You cannot really put your finger on what the problem is. She was then referred to our day hospital to try to determine the nature of her problem because she never seemed to resolve it. We discovered that she was being abused and victimized by her forty-year-old son who did not live with her. In fact, there was a restraining order against his visiting her but he completely failed to comply with that. He had been jailed several times for assault, not on his mother, but on his girl friend and also for harassment of relatives and neighbours. So this woman was being victimized by an unmarried, unemployed son with a jail record. He was very demanding and verbally abusive of her on a daily basis. He pushed her around. He used her money to the extent that she did not have sufficient income to meet her own needs. He also abused her medications and when she ran out he would phone her doctors and suggest that they prescribe more medication for his mother which he subsequently would use. This woman was extremely fearful of her son, with good cause, and because of that she would not allow us to intervene. This is not unusual. We find this a great deal of the time. So she returned to the home and two weeks later she was back in emergency with a G.I. bleed following an overdose. We suspect that if this lady does not address the real problem, which is her son who is abusing her, she will likely attempt, and possibly succeed, in committing suicide because she would rather do that than put her son back in jail. So these are the kinds of issues that we have to be aware of when we are trying to intervene.

It is helpful for a moment just to look at the profiles that have been developed on victims and abusers. The victim generally, but not in all cases, would fit into this profile: over 75 years old, usually female, often frail, usually with an element of mental and/or physical impairment. There can be a personality disorder or a demanding nature on the part of the elder person which may, according to some people, provoke abusive behaviour on the part of the caregiver. They frequently have low self-esteem and low feelings of self worth, and there is usually an element of dependency.

The abusers are usually family members (although abuse is occurring with formal caregivers as well) often living with the victim. They frequently have their own personal problems which may be marital, financial, psychiatric, or substance abuse. They are often ignorant regarding the changes associated with aging. For example, if they are trying to care for an elderly parent who has Alzheimer's, do they know what kind of behaviours to expect and how to respond? Very frequently they will misinterpret confused behaviours as a deliberate attempt to manipulate them and therefore they will react in that way. It is interesting to note that abusers also usually suffer from low self-esteem and are frequently dependent as well.

I would just like to note that recent research has focussed attention on two particular areas. One is that much of the elder abuse being brought to light now is in fact spouse abuse grown old. A number of the cases that are being detected now are in fact women who have been abused by their husbands for maybe thirty years or longer and they are still in the relationship.

Also, where previously it was thought that all abuse victims were frail, vulnerable, and physically dependent, it is being discovered more and more that they are not necessarily so. It is the psychopathology of the abuser that is the determining factor particularly in situations where the adult child is dependent on the parent for financial, emotional, or social support. I think given some of the trends in society right now we may see more and more of this as we deal with high unemployment, people out of the work force having difficulty finding adequate work, people experiencing their own personal problems, high rates of divorce and separation resulting in adult children moving back into the parental home and in some way becoming or remaining dependant on the parent. Abusers' self-esteem is very low and they may use very inappropriate means of dealing with this by lashing out at the elderly parent.

There are a number of theories as to why elder abuse is happening. In the family there are five theories, the first being dependency of the victim--that there is physical or mental impairment, social isolation, and increased vulnerability.

The second theory is the psychopathology of the abuser. They may have a character disorder, mental health problem, substance abuse, financial or emotional dependency on the victim, or a sense of powerlessness. Often this group feels so powerless in their own life that they retaliate against the parent.

The third theory is the intergenerational transmission of abusive behaviour, that is abuse and violence as a learned

pattern of behaviour in the family or resulting from unresolved conflicts and hostilities from other marital dynamics, or from the parent-child dynamics throughout the years. It can also be retribution for real or perceived mistreatment by a parent, a caregiver, or a spouse earlier in life. This is hard to take; this is hard to swallow--that people would actually abuse to get back at somebody. I discovered this in a very graphic and unexpected way when I ran a stroke support group for spouses of stroke survivors. In a very small group of twelve women, three of them admitted that their husbands had abused them for thirty or forty years throughout marriage. Now that the husbands had had strokes, and therefore had less capacity, less power, they were not willing to put them in nursing homes to receive care. They wanted to keep their husbands at home and give back some of what they had been given, to let them know what it had been like all those years. They were able to articulate this. The anger was there; the resentment was there. They knew they were being abusive and they felt they had the right to be because they had been abused for all those years. Retribution was the sole contributing factor.

Another theory is the internal stress theory. You may recognize this as what is called "caregiver stress", the inability to handle the burden of caring for an elderly person. There can be a real or perceived financial burden, and/or a lack of support from other family members. How many of you have worked with a family where there were five or six children but only one was providing all of the care? The caregiver gets totally burnt out to the point of exhaustion and the other siblings will not help them. Resentment builds up. It makes a situation that is just ripe for abuse or neglect. There can be a constraint or restriction of activities on the part of the caregiver. Often there can be ignorance regarding aging and behaviour associated with certain diseases. A very big factor that we have found is fatigue. This can often lead to very inappropriate behaviours on the part of the caregiver who is too tired to do anything else and does not see a way out.

The fifth theory is the external stress theory which refers to financial problems, unemployment, marital discord, or reduced or shared living space. You have a son. He has a wife and three children. Their life is hectic on the best of days and all of a sudden "elderly, disabled mother" comes to live with them. It makes for a lot of tension.

What are some of the causes for abuse or neglect in institutions? One of the big ones is an imbalance of power and control. When elderly people are admitted to an institution, it is as if they leave all of the control over their lives at the door. They are in an environment where the rules are made by somebody else for the effective and smooth running of the institution. Most institutions try to

address this and personalize their care as much as possible, but there is a lot of latitude for overlooking the individual rights of the person.

There can be insufficient training or staff support for people working in hospitals, care homes, and home care programs; and limited time due to heavy work loads. We have all experienced cutbacks in the health care system. We are trying to do more with less staff. If you are rushing from one room to another, it is very hard to take the time to give care that is more than minimal and it can border on neglect or mistreatment. There are also environmental stresses within the health care facilities with which staff have to deal. There can also be unrealistic expectations either on the part of the older person or the staff members.

I would like to note here that there is frequently the question raised of the victim asking for it (abuse) by their demands or by their inappropriate behaviour. They push the caregiver too far and, therefore, get what they deserve when the caregiver is abrupt or abusive with them. My response to that is, in all cases, people are responsible for their own actions. Even if they are pushed to the limit it is still their responsibility to choose an appropriate means of responding. I would tend not to accept the argument that the person deserved it. Because it does happen so frequently, and people are put in that position so frequently, there is a great need for education and support for caregivers.

Today we are going to be talking quite a bit about intervention. We now know what the problem is. We have certain ideas as to what is happening and why. The question then becomes, "What do we do about it?" It is very difficult to intervene in situations of elder abuse. The victims frequently will not report it or will not even admit it when you ask them if it is happening to them. They are very vulnerable; they are afraid. They may be unwilling or unable to advise anyone of the abuse or to have it explored further.

This can happen for a number of reasons. There may be a lack of alternative shelter. If they tell their visiting nurse that they are being abused by their son, where do they go from here? Do we have an alternative--crisis shelters or safe housing--for them? Perhaps they may not want to move. It may be their own home. How do you get the abuser out? Can you restrain them? There are a number of situations where a restraining order does not keep the abuser away, even from hospital. We had one woman who had been abused by her family of siblings. We had to put a 24-hour security guard at her door because they actually came into the hospital and assaulted her again. And so, it is very difficult to keep them apart.

There can be, in some cases, a lack of alternate support services particularly in the rural areas, or if there are support services available, the family or the victim may not be aware of them or how to access them.

There is a very real fear of abandonment or institutionalization. There is a fear of the unknown. If I report them what will happen? Where will I be tomorrow? There is an extreme fear of retaliation. I cannot stress this enough. This is what we, as people trying to intervene in the situation, have to keep in mind at all times. That threat of retaliation is real. Maybe the abuser has been just pushing the victim around for the past three years, but if the victim tells somebody about it maybe the abuser will try to kill them. Maybe they will succeed in killing them. So we have to tread very lightly because of this threat of retaliation. There is also a desire to avoid shame, embarrassment, the stigma attached to being the victim of abuse. Victims may be trying to deal with the feelings of responsibility, guilt, and self blame.

Often in the case of people who are mentally or physically impaired, they are not capable of telling us. They do not have the physical or mental capacity to tell anybody what is going on. We may suspect that the person who comes in bruised, malnourished, and dehydrated is being abused or neglected at home but there is very little we can do to verify this if they are confused and unable to tell us.

In view of this problem of victims not reporting the abuse, it is extremely important for people in the health care profession, working as volunteers, or active in the community to be aware of the indicators of abuse. We need to be aware of those things that might suggest that abuse is happening, so that we can ask the right questions, and investigate more fully than might be the case in the normal course of an interview.

I think the key is to maintain an index of suspicion. Always have it in the back of your mind that this might be at the root of some of the problems that are being presented. Also, it is important to practice a non-threatening, non-judgemental approach. It takes a great deal for a person, either a victim or an abuser, to admit that this kind of thing is happening. It is something that usually happens in isolation and in secret. Once they do open up, the response of the person they first tell is critical because if the person acts shocked, horrified, judgemental or says "How could you?", they will not tell anybody else. They will not go any further with it. So it is absolutely essential that we practise a non-judgemental approach in trying to deal with this problem.

The directions for intervention can roughly fit into probably five categories: (1) relieving caregiver burden; (2) advocacy for or empowerment of seniors or victims; (3) attempting to modify external stresses; (4) pursuing legal action where necessary; and (5) providing adequate training and support to formal caregivers.

I would just like to note here that although it is probably preferable to treat rather than punish, criminal offences should be treated as such. If it is a criminal offence and the person is willing to press charges, then that is their right and they should be encouraged and assisted to do so.

Currently in Canada there are a number of things that are happening in this field. First, in the area of legislation (and I will not go into this in any detail because I believe it will be addressed by the Public Trustee for Saskatchewan this afternoon) the two areas that are usually looked at are: guardianship--some sort of supervision or adult protection--and mandatory reporting. The experience in the United States with mandatory reporting, where it is happening, is that it is a very sensitive process. There are many potential areas of conflict and I think a closer look is needed at the whole idea. It might result in premature institutionalization of the victim or the breakdown of a family against the victim's wishes. They may want to tell somebody they are being victimized; they may want counselling; they may want to try and deal with it on a personal level but they may not want the intervention that will lead to them being separated from their family, taken away from their home, and placed in an institution. Mandatory reporting may put those kinds of things into motion. It can also be very detrimental if suspected abuse is not confirmed. What do you do if you report something on the basis of what you feel is a well-founded suspicion that abuse is occurring and approach the suspected abuser or approach the victim only to discover that there is in fact no abuse or neglect? What does that do to the dynamics of that relationship? What does it do to the future of the person in that family?

The other very practical problem is that it is proving very costly. In the states where mandatory reporting has been legislated, they are getting a lot of referrals that they then have to investigate and take action on. Not all of them are well-founded and perhaps the money that is available for intervention in this area could be better spent.

There are some options to mandatory reporting which might be considered. One of these is voluntary reporting. This is seen as a valid way to provide services to those caregivers or victims who are seeking assistance, except in long-term care facilities where it is still considered essential that

mandatory reporting be carried out because people are entrusted there for care. The second option to mandatory reporting, or a way of dealing with it, comes out of Beth Israel Hospital in Boston where they have an elder abuse assessment team. This team screens all cases of suspected abuse and neglect to decide if they should in fact be reported. They are trying to circumvent that next step of taking action where maybe in fact action should not be taken.

In addition to some efforts at legislation that are happening in various provinces across Canada, there are also a number of programs and resources that have been developed. There appears to be a growing impetus in this direction which is very encouraging. I will just give a couple of examples here, but the list is certainly more extensive than this. In Toronto there is an advocacy centre for the elderly which is a legal aid centre directed towards seniors. A large number of their case load are actually victims of financial abuse so it is one effort towards reducing the incidence of financial abuse. In Winnipeg we are currently planning an elder abuse resource centre which will provide guidance and training for professionals working in this area. Prince Edward Island has developed abuse and neglect protocol for use by their health care professionals. There are a number of studies of elder abuse being conducted across Canada. I understand that you here in Saskatchewan are also launching your directory of elder abuse resources which is a very good move as well. There is also the national telephone survey of elder abuse in Canada which is currently being conducted.

What about future directions? Where do we go from here? I have just listed a number of thoughts here for possible consideration. First, that further research in Canada is needed regarding the incidence of abuse, the causes, the characteristics of the victims and abusers, and also the outcomes of programs that are attempted. Are they working? Standard definitions and data collection would be helpful. It would be interesting to look at things like urban/rural differences, regional differences, considerations of what works with whom and where in Canada.

Second, increased awareness for front-line workers in all disciplines not just health care professionals. Here I would include the legal profession, the police, and bank workers. We often see that where financial abuse is occurring bank personnel have been aware of it. They have known that something fishy has been going on, but they have not known what action to take or where to go with it. Development and use of assessment tools and protocols for intervention would be extremely helpful.

Third, training as well as social and emotional support for formal caregivers working in hospitals and long-term care facilities. It is very demanding work. They need on-going recognition and support of what they are doing or else they will also suffer caregiver burnout much as family members will.

Fourth, public education to empower elders, reduce ageism, and increase awareness of resources for the needs of older persons, and what is appropriate versus inappropriate behaviour towards older persons.

Fifth, social programs aimed at improving the economic status, housing opportunities, and health of seniors thereby allowing them greater choices and decreasing their vulnerability.

Sixth, continued attempts to enact appropriate, enabling legislation.

In closing, I would like to leave you with three questions. I know we are going to be dealing with these issues throughout the day.

1. How do we protect elders while still respecting their individual rights and freedoms?

2. How do we intervene in situations of elder abuse in a constructive and effective manner? How can we help them without hurting them? It is not as easy as it sounds.

3. How can we build legislation, social programs, resources, and education to prevent the predicted increase in elder abuse in the coming years?

ELLEN GUN, DIRECTOR OF PROSECUTION, PROVINCE OF SASKATCHEWAN.

Thank you for inviting me to speak to you today. I have been asked essentially to deal with the issue of criminal law and how elder abuse is dealt with in the criminal law context. In some respects this may seem like a mini-lecture on the criminal process which I think is what people may want to know about if in fact a criminal offence has occurred. What is the position of the victim? In this case we are going to assume the victim would be the elder. What happens in the court system? What possibilities are available to the victim and the accused person, who, in many circumstances, may be a member of the family, or someone in an institution? I am going to direct my remarks to the process of criminal law. If you have questions you would like addressed afterwards, and if there is time in the panel, I would certainly be happy to entertain them.

In terms of elder abuse and criminal law, the primary piece of legislation to consider is the Criminal Code of Canada which is federal legislation. Since the provinces are responsible for the administration of justice, the prosecutors who are involved with presenting the cases in court are provincial employees employed by the Department of Justice in the Public Prosecutions Division.

One problem which is sometimes identified with respect to the issue of elder abuse is the definition of "elder". I am operating on the basis that elders are mentally competent and able to take care of their affairs. They may be somewhat dependent, maybe living in a familial situation, maybe an institution, but they are capable of making decisions for themselves.

When is elder abuse a criminal offence? In each case we must look at the specific activity complained of to determine if it is an offence within the meaning of the Criminal Law. There are no special sections in the Criminal Law which deal with elders as a group. It deals with society as a whole. Examples of situations which would fall within the ambit of the Criminal Law would include situations like physical assault, sexual assault, potentially theft of assets, fraud, mischief, interference with private property and, in some circumstances, failing to provide the necessaries of life.

How is the criminal process begun, if in fact an incident would fall within one of these general categories? What happens in the court system? The process begins initially when a complaint is made, generally to the police. The complaint may be made by the victim themself or it may be made by someone else who has information about it, on behalf of the victim.

The police would then begin an investigation to determine if there is evidence to substantiate that an offence has occurred. This investigation would include taking statements from a number of people. Possibilities certainly would include the victim themself, could also include any witnesses to any incident which may have occurred, or any other persons who might have relevant evidence to provide. If one were looking at a case of assault, for example, other relevant evidence might be someone who had observed injuries on the elder. It might be medical personnel if the person had gone for medical attention as a result of a specific incident or if injuries were observed in a regular examination process. The doctor, nurse, or other medical personnel may well have relevant evidence to provide to the police. There may be evidence from someone to whom the potential accused has made statements concerning what might have happened.

In the case of theft, a conversion of funds, or misappropriation of an elder's assets, the evidence could include: bank records, evidence of bank employees in terms of the ordinary practice of this person in dealing with their bank records, and a change in that practice such as someone else starting to come in with signed cheques or a different method of activity, or someone else having one of the bank cards to access cash from the bank machines. Those kinds of things. The police would have to look for witnesses in various ways to determine whether or not an offence had occurred. Maybe handwriting analysis, if there is some suggestion that documents are being forged.

In the case of missing property, it could include evidence from persons who might have come into possession of the property. If property went missing from an elder's home someone may have purchased the property in what they might think is a legitimate fashion, but information on where they got it, how much they paid for it, and the circumstances in which they obtained it may well be evidence against a potential accused. It would also include an interview with the alleged accused person. This is an opportunity for that person to give an explanation, if they have one, with respect to what is being investigated. They may choose not to provide any information to the police. This statement would be taken under a police warning and with the full knowledge of this person that what they say might be used in a court of law against them. Clearly if they have an explanation to give, it may well go to their benefit as well but they would be given an opportunity in most circumstances to provide a statement as well.

If, after completing the investigation and getting all the evidence that is available, the police believe that there is sufficient evidence on which to lay a charge, then an "Information" would be prepared. This is the official term

for the document which goes before the court. It would contain the name of the accused, the date and place of the offence, a description of the offence sufficient for the defence or the accused to know what they are being charged with and be put in a position to defend the case.

In terms of time, in cases which involve on-going situations of abuse, where perhaps abuse has gone on for a year or two, or a month or two, it may be difficult in some circumstances for people to recall the exact date when something occurred. That problem is not limited to elders. Anybody who is involved in a continuing offence situation may have difficulty with dates. An Information does not require the exact date when something occurred. However, it is important to have the time defined in such a way that an accused can know with what they are being charged. This may be an assault or a continuing series of assaults which took place over a certain time period so the Information might be worded that "on or between the first of June of 1988 and the 31st of August of 1988 so-and-so did commit an assault on this person" or ". . . did convert funds" depending on the specific charge. The specifics with respect to the time are important but there are ways in which to deal with them so that they do not become a bar to prosecution if the individual cannot remember exactly when something happened.

When the police have prepared the Information, they must swear they have reasonable and probable grounds to believe that this offence occurred. They get these reasonable and probable grounds from the information they have obtained from all of these witnesses including the victim.

A decision must then be made as to whether the accused is arrested as a result of the offence, or whether they are served with a court document which would require them to attend in court but which would not immediately result in being taken into custody. When making this decision the police must look at a number of factors. They are often provided some assistance by the prosecutors who are also involved.

The seriousness of the charge is certainly one issue to be considered--whether it is necessary to prevent the continuation of the offence by the arrest or whether identification is an issue. It is usually not an issue in the case of elder abuse, but that is something to be considered by the police. If the accused is placed under arrest then s/he must be taken before a judge or justice in the court as soon as possible. There the charge is read to the accused and the court must consider the question of whether the person is held in custody until their trial or whether they might be released on bail until the trial is heard. The usual practice is that the person would be released until trial, given that we operate under the

presumption that a person is innocent until proven guilty. If the crown, being the prosecutor, wishes to object to this person's release, they have to show cause why the person should be detained in custody pending their trial. There are two major grounds on which the crown would oppose the release of an accused person in these circumstances. The first and primary ground is that the detention is necessary to ensure that the accused will come to court. Secondly, detention is necessary in the public interest or for the protection or safety of the public, having regard to all of the circumstances including any substantial likelihood that the accused will, if released from custody, commit a further criminal offence or interfere with the administration of justice.

With respect to the first ground, failing to come to their trial, generally the crown would rely on a previous record. For example, if the accused had previously been charged with offences and failed to appear in court, the crown would want to bring this to the attention of the judge. If the person had no fixed address or had clear plans to leave the jurisdiction, the crown would also want to bring this to the attention of the judge. With respect to the secondary ground, the general administration of justice, the kind of evidence the crown would likely present would be whether the accused had a long record of offences, or the likelihood, if released, that s/he would continue to commit offences. The record would be relevant.

If there had been threats or if there were concerns that this person, if released, would try to influence the witnesses not to testify, there must be evidence to present to the court. It cannot simply be hypothetical thought by the crown. But if this were a concern, it would be another reason for the court to consider detaining this person in custody.

The court may consider all of this evidence and decide that they are not prepared to detain the accused in custody until trial. They may however impose conditions on their release so that they may have to live under certain bail conditions until the trial is heard. These bail conditions can include a number of things. They could include not contacting any of the witnesses, staying in a certain location within the city or within the province, or abstaining from the use of alcohol if that was a problem or perceived to be a problem. That is something the court is prepared to consider. They could include taking counselling or courses. The courts are sometimes reluctant to do that but they will on occasion order it as a condition of bail. If the person is employed they may require that the person continue to maintain or to seek employment. If it happened to be a student, the court may require that they continue to attend school. There may be curfews imposed if being out in the evenings may be a

problem. There are a variety of conditions the court can consider which all depend on the evidence which is available to them in the particular case.

The next step in terms of what happens in the court process really depends on the seriousness of the charge. Up to this stage the victim's involvement has been making a statement to the police which has helped lead them to the process of having the charge taken before the court. The victim does not have to be involved in the bail hearing or the attendance before the court. Problems which the victim may identify to the police or to the prosecutor may assist the prosecutor in determining or assisting the court to determine what kinds of conditions might be appropriate for release. If the victim has concerns about certain areas with respect to the accused, they would want to make those concerns known to the police or to the prosecutor so that their views could be taken into consideration in terms of any conditions of release. But they do not have to be in court and they do not have to be present up to this stage.

In terms of the court process, we operate differently depending on how serious the charge is. If it is a less serious charge or a charge which could be dealt with in a more serious or less serious way depending on the record of the accused and what actually happened, it is called "summary conviction". This term may be known to some of you. If the charge is a summary conviction charge, the accused would be given an opportunity in his appearance before the provincial court, which is the first court he attends, to enter a plea of guilty or not guilty. If he pleads guilty, the facts would be presented to the court and he would be sentenced at that stage. If he pleads not guilty, a trial date would be set sometime in the future.

In this province generally a trial date can be obtained in provincial court in almost every location in under ninety days. In some places it is under thirty days and in some places it is under sixty days, but under ninety days is probably the bench mark that we look at. So a trial date would be obtained and then the victim would receive a subpoena to attend court to give evidence with respect to this particular incident. Generally the subpoena would be delivered by a peace officer.

There would be an opportunity provided in advance of the trial to speak with the prosecutor who would be presenting the case so the victum would be told what will happen in the court process. They would have an opportunity to discuss their evidence with the prosecutor and would then have to appear in court basically to tell their story to the judge. The prosecutor would assist them in telling their story by asking them questions to help draw out the information.

The accused is entitled to be represented by a lawyer who would be there to cross-examine, the purpose of which is to clarify what has occurred and point out to the court any inconsistencies or potential errors that might have been made by this person in giving their evidence in the first place.

If the charge is more serious the court process is drawn out somewhat further. If it is a more serious charge it is called an "indictable charge". On most indictable charges the accused has the right to elect or decide by which court he wants to be tried. In this province that could be the provincial court judge sitting alone, a Queen's Bench judge, who is a superior court judge, sitting alone, or a Queen's Bench judge sitting with a jury. It is the right of the accused to make this decision. If he picks either of the superior courts then prior to having a trial in the superior court, he has what is called a "preliminary hearing" which is held before a provincial court judge. The Crown or prosecutor must present their evidence to support the charge. The victim would again have to testify at this preliminary hearing. The accused is also present. The accused's council is entitled to cross examine. The accused is also entitled to call evidence at the preliminary hearing but generally speaking do not do so. The purpose of the preliminary hearing is for the accused to find out what the Crown's case is all about. At the end of the process, the judge simply must decide if the evidence he has heard is believed, is it sufficient for a finding of guilt. He is not saying he believes the evidence. He is simply saying if it is believed there is sufficient evidence to go forward. If he says, "Yes, there is enough evidence here that this man should have to stand trial," he simply commits the accused to stand trial. It then goes to trial in the superior court the accused originally elected. There may be again a number of months between the preliminary inquiry and the Queen's Bench trial. At the Queen's Bench trial, be it a judge sitting alone or with a jury, the victim must testify again.

So if it is a less serious charge going before a provincial court, the victim would testify once. If it is a more serious charge called an "indictable offence" going to a superior court, the victim would be testifying twice about the same set of circumstances.

In terms of what happens if the accused is found guilty, the court has a rather wide range of options. Again it depends on whether it is a summary conviction matter or whether it is indictable. Individual charges set out different penalties. The general range of sentences would include an absolute discharge, which means the court has found the accused guilty, has looked at the record of the accused, has looked at basically the public interest, and has decided

that it would not serve this accused or the public for him to have a record. So, although a finding of guilt has been registered in the first place, essentially an absolute discharge wipes away the man or woman's criminal record.

They could impose a conditional discharge which might have some time limits applied to it but would have the same effect in the end. It may be a conditional discharge for six months, twelve months, or two years. If the person stayed out of trouble for whatever time period the judge imposed, at the end of that time the discharge would become absolute. Once again although there had been a finding of guilt the record would be erased.

The judge may suspend the passing of sentence. This again could be for certain specified time periods. Essentially what the court is saying is although it has found the accused guilty of the offence, it is not going to pass sentence now. It suspends sentencing for six months, twelve months, or whatever time the court imposes. If at the end of that time the accused has not had any further convictions, then sentencing will never be passed. It will simply be a suspended sentence. A sentence will never be received from this court but, in technical terms, the person has a criminal record.

If during that time period the accused were to get into further trouble, the court can bring that person back and pass the sentence it had suspended. The judge can say, "I am now prepared to sentence you for this offence." The person could also be charged with breach of probation because a suspended sentence always brings with it probation. For whatever time the person's sentence is suspended they are on probation. Committing another offence is an automatic breach of probation. It would bring not only charges for the new offence, but also the charge of breach of probation and sentencing on the original offence.

With probation the court again has the option of placing conditions. In some circumstances you may find that the accused has no previous criminal record. Their difficulties may arise due to an alcohol or drug problem or to specific problems within the home. These situations may in some respects be controlled by the use of conditions from the court. The condition may be to take counselling for alcohol abuse. It may be to attend a batterer's program through the Mental Health Department. There may be a number of conditions imposed to help the accused deal with whatever problem drives them to criminal activity and to try to protect the victim. Additionally the court has the option of imposing fines. If fines are not paid, imprisonment is an option. The court may also impose imprisonment depending on what actually occurred in the course of the incident that brought this matter to court. The decision to imprison

depends on the character of the accused and any previous history they have before the courts.

There are some general sections which might come into play in the whole issue of elder abuse. Assault is a "dual procedural" offence which means that if it is a less serious form of assault the Crown could proceed by way of summary conviction. A summary conviction without something special contained in the Criminal Code would bring with it up to six months in jail or a $2,000 fine or both. If by indictment it is a more serious assault offence or the accused has a lengthy record, the Crown could proceed in a more serious fashion, in which case an assault charge could give the accused up to five years in jail. If it happened to be assault with a weapon or assault causing bodily harm, then the sentence could be up to ten years in jail. If it was an aggravated assault, which is again a more serious form of assault, it could mean up to fourteen years in jail. So there are various offences and, depending on the seriousness of the offence, the judge has a different range of sentences available to him in terms of the possibility for imprisonment, etc.

The victim's participation, as I have indicated, would include giving a statement to the police in the first instance and testifying in court if the accused has pleaded not guilty. If the accused were to plead guilty, the victim would not have to attend court. They would simply be advised, following the court process, by the prosecutor or the police as to the outcome.

As I have said, this is a kind of mini-course in terms of the criminal process. This is the general process which would be involved within the courts in Saskatchewan and in the other provinces as the law we are concerned with is criminal law. It is federal and would be the same for all provinces across this country. I would be happy to answer any questions you might have afterward if there is sufficient time.

MARY ELLEN WELLSCH, PUBLIC TRUSTEE FOR SASKATCHEWAN, DEPARTMENT OF JUSTICE

I have been asked to speak specifically about the Dependent Adults Act and how it can provide civil remedies in cases of elder abuse. I want to start off by warning you that we do not yet have a Dependent Adults Act. The Dependent Adults Bill was introduced in the legislature on May 10 this year. It has not yet received second or third reading or Royal Assent. Once it does it will still need to be proclaimed before it is in effect in the province. However I am going to base my remarks on the bill as if it were law, assuming that it will become law. I have also added a section at the end about the existing law on the assumption that we need to know what will happen if the Dependent Adults Act is not passed.

The Dependent Adults Act is a bill that is not specifically designed for abuse situations, but is specifically designed for situations where a person is not mentally capable of making his own decisions. Ellen was talking about how in the Criminal Law they act on the presumption that the person is mentally capable of making his own decisions about where he should live, withdrawing himself from situations when appropriate, and reporting the matter to the police if he is the subject of abuse. The Dependent Adults Act will only be available to people if the individual who is the subject of abuse is not capable of making his own decisions.

The scheme under the Dependent Adults Act relies on a court order that allows one person to make substitute decisions for another person who is incapable of making those decisions. The court in question is the Court of Queen's Bench which is our most formal court. Under the Act the substitute decision maker is called the "guardian" and the person for whom the decisions are being made is called the "dependent adult" so I will be using those terms.

The court will have to be satisfied, based on whatever evidence is available, that the person who is going to be called the dependent adult is a person whose ability to receive and evaluate information effectively or to communicate decisions is impaired and, also, that the person lacks the capacity to care for himself and make reasonable judgements. These criteria might be difficult to establish in every elder abuse situation.

The evidence that will go before the court is usually, initially at least, by way of affidavit from people who are in a position to have observed the dependent adult and can swear to his actions. There will often be medical evidence saying, "Yes, I am treating this individual and he suffers from the following disease." This could be any sort of a psychiatric disease, Alzheimer's, or a senility--that sort

of thing. The evidence could come from caregivers or relatives saying, "I observed this person from day to day and this is the way he acts." The evidence must be sufficient to prove to the judge that the person does not have the mental capacity to care for himself and make reasonable decisions.

When the court is making the decision as to whether the person has the capacity, they are allowed to consider various needs of the individual such as physical, psychological, emotional, social, health, residential, and economic needs. All of these are factors which go into the decision as to whether the person needs a guardian. If the person is not able to make decisions about whether he should work but is eighty years old and living in a nursing home, it is not likely to be terribly relevant. The court is also required to take into consideration the person's wishes to the extent that he can express them. This includes not only his wishes with respect to whether he needs a guardian but also his wishes concerning who should be a guardian, a factor which can become important in abuse situations.

The Act specifies who can apply for an order. It is normally a private citizen. It is definitely not a government agency that applies for an order. It is any person who can establish to the court that he has sufficient interest in the personal or financial affairs of the person. It is usually a relative, but it could be a neighbour, friend, or interested person. The way the definition is worded, it could also apply to an organization or a company. For examples, a trust company could get an order under the Act for financial guardianship or an organization such as the Saskatchewan Association for the Mentally Retarded might be able to get an order for guardianship.

The effect of the order is the important part when it comes to elder abuse. Once a guardian is appointed, he has the legal authority to make the decisions for the dependent adult in the categories where he is given authority by the judge. This means that the dependent adult no longer has the power to make those decisions for himself although there is a requirement that the guardian consult the dependent adult when he is making decisions. If, for instance, it is a decision as to where the person is going to live--should the dependent adult be living with this relative, should the guardian put him in a nursing home, or should the dependent adult be living with the guardian, etc.--the guardian has the final say if he has been given the power to say where the person lives. Anybody else can object as strenuously as they want but they do not have any legal power to overrule him. The guardian has the power then to find another place for the person to live and can make the application to the nursing home, which sometimes is a contentious issue. The

nursing home wants consent from the whole family before they will place someone.

One of the most important parts about this Act, when it gets passed, is the personal guardianship aspect. This is a brand new part of Saskatchewan law. We do not have a law at present governing personal guardianship of adults. It is important to remember that an adult has to be able to be in control of himself as long as he is mentally able, so the Act will only apply to personal guardianship if a person can be proven unable to make rational decisions.

There are several categories of decisions for which guardianship orders can be made. Some which may apply to abuse situations are decisions relating to where, with whom, and under what conditions the dependent adult is to live, and decisions regarding health care. If the dependent adult needs to be hospitalized for a certain period for certain kinds of treatment, a guardian who has been given the authority over health care can make the arrangements with the hospital, pick up the dependent adult, take him to the hospital, and sign the admission documents.

The Act requires very specifically that the judge is not allowed to give a guardian powers that he does not need. You have to be able to prove to the judge that the dependent adult is not capable of making decisions in the following areas and it is only those areas that the guardian gets control over. I think in theory it would be possible to have different guardians for different areas of the person's life although I doubt that this would be likely to happen. If the individual is still able to make decisions about what he is going to eat, how he should dress, and whether he should go into the hospital, obviously the guardian would not be given those powers.

One important consideration is that the Act will allow the judge, when the evidence is appropriate, to give authority to the guardian to use restraints on the dependent adult. This will only apply where the judge has been satisfied that it is necessary to protect the health or safety of the dependent adult or others. It could involve any sort of restraints. It could involve strapping a person into a wheelchair so they do not fall over. It could involve locking doors so they do not go out and wander around. It could also on occasion involve administering medications such as sedatives to keep the person from harming himself or others. I suspect that the court will be very reluctant to give this sort of power. When it does, the court will want to oversee it very carefully. The guardian will have to report back every so often to say how often restraints have been used and why, so that the Act itself does not become an instrument of abuse.

There are certain powers that are specifically not given to personal guardians under the Act. No guardian will ever be given the power to consent to the removal of life support systems. No guardian will ever be given the power to consent to giving up an organ for transplant purposes. Guardians will also not be allowed to make the decision as to whether a person should become divorced or to interfere with his religious practices. But there is a fall back provision. If any of these things are necessary, the court can give that approval if the evidence establishes it is appropriate.

The other aspect of the Act is for property guardianship. Property guardianship is more or less what we have now but it is not called that. It will be used when a person has been proven to have a mental incompetence, disability, or inability to make his own decisions properly respecting his property. For instance, if he forgets to cash his pension cheques (we often find years' worth lying around the house) but he never has any money, he gives all his money away (we see this fairly often too), does not pay his bills, just does not know what to do with his money, or does not know what to do with other property if he has it. These are the kinds of situations where property guardianship will be used. Again the guardian will be given only the powers that are necessary with respect to this individual's property, that which the individual himself cannot control. Some examples are receiving any or all of his income. If he has income from several different sources, the judge could decide he can receive his old age pension cheques but somebody else should collect the interest from his Canada Savings bonds.

Another power is to make any or all payments for him which could include everything from buying his toiletries and groceries to making maintenance payments to the nursing home or to making sure the taxes and insurance on the house are paid. The power to do the banking will probably also be included, and to take physical possession of property such as vehicles and land. It is possible also to give the guardian the authority to sell property but it is not likely to happen without a specific instance being brought to the attention of the judge. If the guardian comes in and says, "The dependent adult owns a house in which he is not living. I want to sell it to so-and-so for such-and-such an amount" the judge will probably rule on it then but he will not give the guardian carte blanche to go sell the person's property. This kind of power under the Dependent Adults Act is the one that can and should be used where a person is being financially abused.

One of the important aspects of the Act once it is passed will be the review and removal of guardians. Any guardian appointed under the Dependent Adults Act will have to be

able to justify anything he has done to the court. "Anything he has done" relates to personal or property decisions. If he has put the dependent adult in a nursing home, sold his car, or anything else, he has to be able to prove to the judge, if called upon to do so, what he did and why. The court has the capacity to place time limits on when the guardian should come back for review. If the court does not specify a review period, the review will then be at the instigation of any person who can show a sufficient interest in the dependent adult. This again could be a friend or relative who is concerned with the way the guardian is handling the dependent adult. It could be the dependent adult himself if he thinks he is no longer in need of a guardian or if he thinks that his guardian is not acting properly.

Once the guardian is called back to the court for a review, the court has the power to remove him, if he has not been acting properly, remove him if he is no longer needed, replace him, or increase or decrease his powers. For instance, if the guardian only had power to receive the old age pension cheque and all of a sudden there is additional income that he needs to be able to receive, the court can give him that power at the time of review.

That is the Dependent Adults Act in a nutshell. I will give you, very briefly, what is available under the present law as remedies for people who are being abused. The Mentally Disordered Persons Act is the name of the law we have now. It is very, very similar to property guardianship under the Dependent Adults Act except that some of the terms are not in general use any more. For instance, "mental disorder" is not a popular term now but it is still the term used under the Mentally Disordered Persons Act.

This Act applies to people described as having a mental disorder but it really means people who have psychiatric problems or brain damage. It includes mental retardation. Under the Act, there is also another category known as "mental infirmity" which refers to people who are incompetent because of disease, age, habitual drunkenness, or the use of drugs. The vast majority of orders under the Mentally Disordered Persons Act are on the basis of mental infirmity rather than mental incompetence or mental disorder, but the effect is the same. It must be proven to the judge that the person is mentally unable to make his own decisions. The Mentally Disordered Persons Act allows another person known as a "committee" to handle the person's finances.

Under the present law another remedy, in which I am actively involved and which is used a lot, is Certificates of Incompetence. These are certificates that are issued by the chief psychiatrist of a mental health facility based on the

recommendation of a physician. It does not have to be a psychiatrist who has examined the individual as long as it is a physician who concludes that the person is incompetent, based on factors such as what other people have told him about how the person is dealing with his property. Once the certificate is issued it comes to my office (the Public Trustee) and the government becomes involved in managing the property interests of that person. The only way my office can become involved is through the certificate process. It does not allow a family member to be involved so if an interested family member, friend, or neighbour wants to be involved they have to use the court avenue. Certificates are often used in circumstances where an individual's finances are being abused. Currently Saskatchewan has just over 1,600 active files based on Certificates of Incompetence and probably 65 percent of the people represented are over the age of 65.

The last method that can be used to assist an elder who is having trouble with his finances is the "power of attorney" which is also one of the main avenues of abuse of an elder's finances. Powers of attorney can be given and revoked by the individual at any time when they are competent. Once they become incompetent they are no longer capable of revoking a power of attorney. The power of attorney normally ceases when the person becomes incompetent, at which time one of the other avenues has to be followed. There is new law in the province that will allow a power of attorney to say specifically, "This shall continue notwithstanding my incompetence."

If it is done properly, it works. It avoids the necessity of going to court; it avoids the necessity of a certificate of incompetence. It also opens up avenues for the person acting under the power of attorney to exceed his authority. Any time you have a power of attorney situation, the attorney is obligated to account to his principal for what he has done with his money. Of course, an incompetent person is often not capable of even asking, much less understanding, the answers he gets. It is possible in those situations to get a court order appointing another individual to ask on behalf of the donor of the power of attorney so that the attorney has to account to the court for what he has done.

These are the civil laws, of which I am aware, that can be used in elder abuse situations and, as I said, most of them relate to financial abuse. They are available to concerned people--people who can show the court that they have a sufficient interest so that they should be before the court in the first place--but also people who have sufficient initiative to do something on their own about it. It is not simply a matter of reporting it to the court and letting the court go ahead and do something about it. If you report it

to the court, it means you likely want the court to appoint you to make the substitute decisions.

MAURICE MIRON, SENIOR CONSULTANT, ELDER ABUSE PREVENTION, FAMILY VIOLENCE PREVENTATION BRANCH, HEALTH & WELFARE CANADA, OTTAWA

Thank you very much. On the matter of resources, I would simply like to make a clarification. Even though we speak of Health and Welfare Canada, it is really a federal initiative with six departments involved. The only reason we are the spokesman is because our department, Health and Welfare Canada, is the lead department and our division is the lead division to ensure this act gets together.

I talked about the survey in my session this morning. I do not hesitate to come back to it because I think it is the latest information and extremely valuable to each and every one of you here. It is part of the federal initiative because funds were obtained under this new allocation. In fact it is being funded by the Seniors Independence Program (S.I.P.) through a transfer of funds to our division just as the S.I.P. is providing you with funds for your session today.

The survey is under the direction of the Ryerson Polytechnical Institute in Toronto. The principal investigator is Professor Elizabeth Podnieks of the faculty of nursing at that institution. The survey is modeled very much on the Boston random survey of 2,000 conducted by Professor Carl Pillemer of the Family Violence Laboratory of the University of New Hampshire. Professor Pillemer is also senior consultant in this particular study. Also involved in the study are management consultants from Ottawa and Carlton University from where the telephone survey is actually being conducted now.

The object of the survey is to obtain for the first time a true, valid prevalence rate of elder abuse in Canada. We hope it will also obtain, as a result of a very, very extensive questionnaire (it is between a 30- to 40-minute interview), the details on the part of both the victim and the abuser and also on the family environment. Is there any conflict? Is there any substance abuse? Particularly what are the health characteristics of the parties involved?

I must admit, after having five regional meetings from St. John's, Newfoundland to Vancouver and regrouping the Atlantic provinces, Quebec, Ontario, Saskatchewan, Manitoba, Alberta, Vancouver, and the Territories, we changed or improved our questionnaire five times before the final version was approved. It was pretested and yes it is good. We knew we had to call at least 20,000 homes in order to find 2,000 seniors. We have now made, as of last week, those 20,000 calls and have so far reached 1,700 seniors. They have, all but two, agreed to collaborate and have completed the questionnaire. People were very, very

concerned whether seniors would answer such sensitive questions as whether they are being beaten, shoved around, tied, neglected, or sexually abused as part of physical abuse.

We are addressing four types of abuse, particularly physical abuse. In terms of emotional abuse, on the telephone the only element we could touch was chronic verbal aggression. We are touching neglect. The way we are addressing neglect is by simply going through with the older person the activities of daily living such as dressing, feeding, going to the washroom, toileting and whether they are able to do this by themselves. If not, is anyone else helping them? Have there been times when this person has not helped them? Has it affected them seriously? And so forth. I think we are getting excellent returns. The other abuse is financial exploitation. We are the first study to investigate this. The Boston study did not. Nor did the Manitoba study.

We began with our objective, at least for our initial hypothesis, that we would find an incidence of between two to five percent, two being the result of the Shell study in Manitoba and 4.2 being the result of the Pillemer and Finkelhor study in New Hampshire. We added an additional percentage because we were the first to include financial exploitation. We did well. The questions about financial exploitation were along the lines of what was being discussed here today--whether people have forced them to change their wills, have taken goods away from them, have forced them to sell their houses, and so forth. We have so far been able to document a number of cases that fall on the top echelon of that two to five percent. So we are right on target with only three hundred households to go.

We will finish obtaining the results on June 4 and on June 5 the whole project team, of which I am the departmental representative, meets in Ottawa. We will begin to prepare the preliminary report which will be presented in the session on elder abuse research at the National Forum on Family Violence from June 18 - 21. Then there will be a final report provided to the department in November.

One thing I would like to draw your attention to, because we have received all kinds of calls regarding this, is that Health and Welfare's funding of a project does not make it a Health and Welfare project. This study is done by a private institution, the Ryerson Polytechnical Institute. We are of course extremely pleased with the results.

I think the matter of contributions is most important. On June 7, 1988 the then Honourable Minister Jake Epp informed the nation that six departments had joined forces to combat family violence in Canada. These departments included Health and Welfare, Canada Mortgage and Housing Corporation,

Secretary of State, Indian and Northern Affairs, Justice, and the Solicitor General. A seventh department, the Status of Women in Canada, also agreed to participate. They have been included in all our consultations in every province across the land.

Justice Canada has helped us considerably with our own survey on elder abuse by prompting at least twelve questions dealing with the police. Have you consulted the police? Were they helpful? If not, why not? Have you used the criminal justice system? If not, why not? Have you been satisfied with the resources available through the criminal justice system? It would be very interesting to do the cross referencing.

What we hope to obtain, other than the prevalence rate, is an action plan. Once we know what happens under circumstances where certain elements, particularly isolation, dependence, and health conditions all occur possibly we will know what action plans could be improved. We will then hopefully provide a list of suggestions to policy makers across the nation.

The anticipated results from the federal initiative on family violence will help to improve social and health service delivery, which involves all categories of abuse beginning with child abuse, child sexual abuse, family/wife assault, and elder abuse; to improve protection for the victims of violence; to improve the criminal justice system response; to increase knowledge and understanding of family violence; to encourage the development of community-based service networks; to improve institutional treatment of federal inmates; to enrich training materials for professionals and others working in this area; to enhance availability of services to aboriginal, immigrant, and visible minority communities; and finally, to improve information collection and dissemination through our National Clearing House on Family Violence. I will leave this document with Barbara (Saal) because it also includes a brief historical background of violence, all the departments involved, and how they can be reached.

In the next few minutes I would like to simply indicate what departments are particularly concerned with elder abuse. I will begin first of all by indicating that, irrespective of this federal initiative on family violence, we still have the New Horizons Program and the newly-developed Seniors Independence Program which continue to give piority to elder abuse-related projects within their existing allocation.

With respect to this specific initiative I would emphasize first of all that of the $40 million available $22.2 million is allocated to the Canada Mortgage and Housing Corporation for the creation of some 500 new shelter units for crisis

assistance, more specifically referred to as Project Haven. This project does not exclude elder abuse cases. My job at the moment is to try to convince women's shelters that they must make room for senior women because they are in fact becoming the majority of reported abuse cases.

Referring now to our own department (Health and Welfare Canada), we have 1.1 million additional dollars allocated annually over the next four years. Within this block of money $830,000 will go to the National Health Research and Development Program (NHRDP) for contributions such as experimental outreach programs by health care workers to identify and deal with cases of elder abuse. Another $400,000 has been earmarked for intra-mural (in-house) research and evaluation of the health effects of neglect on the elderly. The figure for this year is $90,000 with yearly increments up to $295,000 by 1991-92 when this program will end.

The National Welfare Grants Program, which is also within our department, receives an additional contribution of $830,000 yearly with increments up to $245,000 by the end of 1991-92. National Welfare Grants welcome elder abuse prevention demonstration, research, and training proposals.

Our own Family Violence Prevention Division will receive an additional one million dollars, beginning with $100,000 this year and increasing to $200,000 by 1991-92. We are presently funding, with the help of the Seniors Independence Program, this national survey on elder abuse. We are also committed to the National Forum on Family Violence taking place at the National Conference Centre in Ottawa June 18 - 21 at which we hope to be able to distribute the preliminary findings of our national survey.

The Department of the Secretary of State will be receiving an extra $3,280,000 over this period, beginning with $820,000 this year. Funds are to be distributed for outreach activities on the issue of violence which will include the elderly as a target population. In other words, these departments have signified in their letters of understanding that they are particularly concerned with the elderly. There will also be funding for disabled persons organizations for projects related to institutional abuse and abuse of the elderly. The Department of the Secretary of State is very concerned with abuse in institutions. As we discussed this afternoon, I do not know as yet what results they have achieved, but they are trying, just as much as we are, to get into institutions to find out what is happening.

Indian and Northern Affairs Canada will be receiving $3 million dollars over the next four years in yearly installments of $750,000. The types of projects funded

would include identifying and promoting existing support networks in aboriginal communities to provide protection and counselling for elder persons. There is a very serious problem with elders on the reservations at this point.

Justice Canada will be receiving 3 million dollars, beginning with $525,000 and with yearly increments to $850,000. Their research program also would like to look into the nature and incidence of abuse of the elderly. Their Public Legal Information Program will now extend to the development of information material for the elderly based on departmental research assessing their needs. We have been in touch, we have been talking, but I have not seen any of their documentation so far.

Finally, the Ministry of the Solicitor General will be receiving an additional allocation of 2.8 million dollars over the next four years beginning with $580,000 in the current year. While no specific mention is made of elder abuse as a target, I have been given to understand that many of their projects have consisted of promoting crisis intervention programs, particularly victims assistance units within police departments, seniors liaison, which they refer to as "senior links", and community policing, which could entertain elder abuse prevention proposals. They have a program going on now through their research department in Victoria where the R.C.M.P., which acts as provincial police, are using police departments as crisis lines for seniors who are in need.

This is essentially what is going to be happening through this federal initiative. Our division is serving as a "broker". We keep a log of all projects. I was rather dismayed when I received the last report of projects completed, underway, and under review, to find that only two projects on elder abuse had been completed, one was underway (the specific survey we are now doing), and two projects are under review. So for God's sake send us projects.

RECOMMENDATIONS SESSION

Facilitated by John Oussoren, Coordinator, Seniors' Education & Special Projects, University of Regina

Home Care Session (Shan Landry reported)

1. Develop more fully the resources in rural areas.
2. Provide more public education on elder abuse via workshops both on local and regional basis to the general public, medical and health care professionals, and paraprofessionals. Workshops should focus on skill development, facts, and problem-solving techniques. (Saskatchewan Gerontology Association could be vehicle to sponsor workshop.)
3. Involve seniors' groups in peer counselling and support groups.
4. Develop more inclusive legislation followed by mandatory reporting.
5. Provide human resources for follow-up.
6. Establish transition homes for seniors--male and female.
7. Expand family violence information to include elders.
8. Provide skilled counselling by people with appropriate backgrounds and value systems eg. natives, ethnic groups.
9. Expand the role of home care to include support workers for at-risk clients.
10. Return to communities to develop resources from federal government.
11. Fulfill responsibility without fear of retribution during time of crisis.
12. Create more public awareness which will lead to a need for more human resources to combat the problem.
13. Establish resources for caregivers such as self help groups or a volunteer buddy system.
14. Develop emerging respite programs eg. day care programs.

Human Services Session (Al Taylor reported)

1. Legislate and license private care homes.
2. Protect reporters of abuse.
3. Provide increased funding for "havens".
4. Pass the Dependent Adults Act.
5. Develop appropriate legislation to encompass elder abuse.
6. Humanize senior citizens homes (suggest use of residents' councils with power).
7. Coordinate effort and resources for a tracking and information system.
8. Establish an Elder Abuse Resource Centre
9. Establish an information sharing system.
10. Recognize that education is basic to all the above.
11. Research why we are violent in the community.
12. Develop ways to get our children to recognize the negative results of violence.
13. Establish a support system for caregivers, formal and informal.
14. Send a letter to the Saskatchewan Legislature requesting that the Dependent Adults Act include clauses that makes policing by the Court mandatory.
15. Increase coordination and involvement with law enforcement agencies.
16. Include the clergy in education so a person's spirituality is taken into consideration.
17. Organize another conference in one year with the same people to discuss progress, failures, and what needs to be done.
18. Have University Extension develop an educational program including outreach to daycare and school children, the elderly, informal and formal caregivers, and professionals such as physicians, social workers, teachers, nurses, police, lawyers, pharmacists, other hospital workers including volunteers and cleaning staff, OTs, PTs and RT's.

19. Increase availability of crisis/respite beds--not acute care beds.

20. Establish a Creative Assessment Unit for Regina/South Saskatchewan.

21. Hire a Provincial Gerontologist.

22. Send a copy of the conference proceedings to every participant with a list of participants' names.

23. Increase programs and dollars available to Home Care.

24. Track drugs commonly supplied to older people as is presently done with narcotics.

25. Set up caregivers' support groups.

Special Care Homes Session (Cheryl George reported)

1. Set a minimum employment criteria standard for all jobs. Look at raising standards (a sound knowledge base is essential).

2. Research to prove cost effectiveness to politicians--five-year time frame.

3. Set government standards covering all caregiving situations outside informal family caregiving situations.

4. Screen applicants for work.

5. Increase ratio of professional and non-professional staff (supervision of staff is currently impossible in some situations).

6. Establish policy and procedure on abuse including good staff orientation and ongoing in-service education.

7. Inform family and residents of abuse. Encourage them to report abuse with the assurance of confidentiality.

8. Provide "safety valves" for staff under stress:

   - unpaid personal days
   - staff development and training to handle stress
   - focus on enhancing self-esteem
   - someone in facility knowledgeable about community resources for appropriate employee referrals.

9. Prove to government that short staffing of senior citizen homes is contributing to abuse of residents.

10. Provide staff development to increase knowledge base, especially regarding aging process, cognitive impairment, and aggressive behaviour.

11. Address issues of powerlessness related to being in long-term care.

12. Conduct continuing research on segregation of cognitively impaired.

13. Do not lose sight of the focus of rehabilitation and include discharge planning as an essential part of care planning.

14. Make community resources available to preclude inappropriate institutional placement.

15. Legalize "living wills".

16. Set minimum standards of care for physicians--if they do not comply they will not have privileges at the facility.

Voluntary & Family Caregivers & Seniors Session (Terry Labbie reported)

1. Make application to municipal governments to make room available for seniors in women's shelters (eg. Transition House in Regina).

2. Provide a safe house for elders in rural areas in existing facilities where personal safety could be ensured (eg. in a hospital).

3. Develop a communication network with doctors, clergy, church groups, police, mental health workers, Alcoholics Anonymous, etc.

4. Strike a team from the above list for crisis intervention.

5. Re-activate peer counselling programs.

6. Ensure adequate resources as people grow older.

7. Provide appropriate education for professionals, caregivers, youth, the general public (suggest use of satellite for public education), etc.

8. Increase awareness of elder abuse as a societal problem.

9. Investigate the whole issue of over-medication.

10. Provide assertiveness training for older adults.

11. Research the recourse people in institutions have with respect to medications and act on the recommendations.

12. Promote demonstration projects to review how to reach elderly abused people in rural areas--show them that they are not guilty or responsible for abuse.

13. Encourage "Dial-a-Friend" programs.

APPENDIX A

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APPENDIX B

FOCUS ON ELDER ABUSE

WORKSHOP AGENDA

Wednesday, May 31

6 p.m.	Registration (ROTUNDA)
7 p.m.	Welcome: Norma Wallace, Manager, New Horizons Showing of NFB film A House Divided & discussion with Lyn Wright (AUDORIUM)
8:30 p.m.	Reception (ROTUNDA)

Thursday, June 1

8 a.m.	Registration & Refreshments (ROTUNDA)
8:30 a.m.	Introductions: Margaret Thomas, Past-President, Seniors' University Group Greetings from: Mr. Beattie Martin, M.L.A. & Legislative Secretary to the Minister of Health, & Dr. Lloyd Barber, President, University of Regina (ROOM 106.2, AUDORIUM WING)
8:50 a.m.	Keynote Address - Geri McGrath, Social Worker, Psycho-geriatrics Day Hospital, Seven Oaks General Hospital, Winnipeg (ROOM 106.2)
9:30 a.m.	Nutrition Break - hosted by the Government of Saskatchewan (ROTUNDA)
10 a.m.	Individual Sessions Human Services - Geri McGrath & Dr. Jim O'Carrol (ROOM 114) Special Care Home - Cheryl George (ROOM 113) Home Care - Shan Landry (ROOM 116.2) Voluntary & Family Caregivers, Seniors - Maurice Miron (ROOM 129)
11:30 a.m.	Lunch (EDUCATION EMPORIUM)
1 p.m.	Elder Abuse Resources (ROOM 106.2) Legal: Crimal Law - Ellen Gun, Q.C., Director of Prosecution, Province of Saskathcewan; Dependent Adult Act - Mary Ellen Wellsch, Public Trustee for Saskatchewan, Department of Justice Health & Welfare Canada - Maurice Miron, Senior Consultant, Elder Abuse Prevention, Family Violence Prevention, Ottawa Launch of Directory of Elder Abuse Resources in Saskatchewan - John Oussoren, Coordinator, Seniors' Education & Special Projects, University of Regina
2:30 p.m.	Nutrition Break (ROTUNDA)
3 p.m.	Individual Sessions (SAME LOCATION AS 10 A.M.) Discussion to formulate recommendations
4 p.m.	Discussion of recommendations (ROOM 106.2)
4:30 p.m.	Closure (ROOM 106.2)

APPENDIX C

University of Regina

University Extension

Regina, Saskatchewan
Canada, S4S 0A2

FOCUS ON ELDER ABUSE

It has been estimated that 100,000 Canadians could be victims of elder abuse each year. But a standard definition, reliable data, and ways of identifying the problem are still lacking.

This provincial workshop will increase your awareness and understanding of elder abuse in its various forms, explore preventive and remedial strategies, and identify available educational resources. A supplemental directory of Saskatchewan resources will be provided.

The workshop is for everyone concerned about elder abuse, whether the concern is professional or personal. There will be sessions for individual interest groups -- human service professionals, special care home professionals, home care workers, voluntary caregivers and seniors -- as well as general information sessions.

Resource People

Cheryl George, M.Sc. - Director of Education Services, Sherbrooke Community Centre, Saskatoon.

Ellen Gun, Q.C. - Director of Prosecution, Province of Saskatchewan.

Shan Landry, M.S.W. - Executive Director, Saskatoon Home Care District 45 Inc

Geri McGrath, M.S.W. - Social Worker, Psychogeriatrics Day Hospital, Seven Oaks General Hospital, Winnipeg.

Maurice Miron - Senior Consultant, Elder Abuse Prevention, Family Violence Prevention Division, Health and Welfare Canada, Ottawa.

Dr. Jim O'Carrol - Physician, Emergency Department, Pasqua Hospital, Regina.

Mary Ellen Wellsch - Public Trustee for Saskatchewan, Department of Justice.

Lyn Wright - Director of the film, A House Divided, National Film Board, Toronto.

Workshop Details

Dates: Wednesday, May 31, 1989, evening
Thursday, June 1, 1989, all day

Location: Education Building, Main Campus, University of Regina

Fee: Includes reception, refreshments, lunch and directory

Early registration - deadline May 5, 1989
$35 for professionals
$10 for students, voluntary caregivers, and seniors

After May 5, 1989
$40 for professionals
$15 for students, voluntary caregivers, and seniors

For further information or a detailed workshop brochure, contact:

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OR

Heather Cosman, Secretary
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This workshop is offered with funding support from the Seniors Independence Program, Health and Welfare Canada.

Refund & Withdrawal Policy

The University of Regina reserves the right to cancel any program due to insufficient registration. A full refund less $10 is provided on written notice received two working days before the workshop. After that time, the greater of 30% of the fee or $10 will be charged. No refund will be issued after the workshop has begun. Non-attendance does not constitute withdrawal. If the workshop is cancelled, a full refund will be issued.

For Further Information

Contact:

Barbara Saal, Project Coordinator
Seniors' Education Centre
Room 219.1, College Building
University of Regina
Regina, SK S4S 0A2
779-4732 OR

Heather Cosman, Secretary
Seniors' Education Centre
779-4816

Resource People

Cheryl George, M.Sc. - Director of Education Services, Sherbrooke Community Centre, Saskatoon.

Ellen Gun, Q.C. - Director of Prosecution, Province of Saskatchewan.

Shan Landry, M.S.W. - Executive Director, Saskatoon Home Care District 45 Inc.

Geri McGrath, M.S.W. - Social Worker, Psychogeriatrics Day Hospital, Seven Oaks General Hospital, Winnipeg.

Maurice Miron - Senior Consultant, Elder Abuse Prevention, Family Violence Prevention Division, Health and Welfare Canada, Ottawa.

Dr. Jim O'Carrol - Physician, Emergency Department, Pasqua Hospital, Regina.

Mary Ellen Wellsch - Public Trustee for Saskatchewan, Department of Justice.

Lyn Wright - Director of the film *A House Divided*, National Film Board, Toronto.

University of Regina
University Extension

Seniors' Education Centre

FOCUS ON ELDER ABUSE

May 31 & June 1, 1989

This workshop is offered with funding support from the Seniors Independence Program, Health and Welfare Canada.

Focus on Elder Abuse

It has been estimated that 100,000 Canadians could be victims of elder abuse each year. But a standard definition, reliable data, and ways of identifying the problem are still lacking.

This provincial workshop will increase our awareness and understanding of elder abuse in its various forms, explore preventive and remedial strategies, and identify available educational resources. A directory listing Saskatchewan resources will be made available.

The workshop is for everyone concerned about elder abuse, whether the concern is personal or professional.

Workshop Agenda

Wednesday, May 31, 1989

6 p.m.	Registration
7 p.m.	Welcome: Norma Wallace, Manager, New Horizons Showing of NFB film *A House Divided* & discussion with Lyn Wright
9:30 p.m.	Reception

Thursday, June 1, 1989

8 a.m.	Registration & Refreshments
8:30 a.m.	Greetings from: Mr. Beattie Martin, M.L.A. & Legislative Secretary to the Minister of Health, & Dr. Lloyd Barber, President, University of Regina
8:50 a.m.	Keynote Address - Geri McGrath
9:30 a.m.	Nutrition Break (hosted by the Government of Saskatchewan)
10 a.m.	Individual Sessions: Human Services Professionals - Geri McGrath & Dr. Jim O'Carrol Special Care Home Professionals - Cheryl George Home Care Professionals - Shan Landry Voluntary & Family Caregivers, Seniors - Maurice Miron
11:30 a.m.	Lunch
1 p.m.	Elder Abuse Resources: Legal - Criminal Law: Ellen Gun, Dependent Adult Act: Mary Ellen Wellach Health & Welfare Canada - Maurice Miron Launch of the Saskatchewan Directory of Elder Abuse Resources - John Oussoren, Coordinator, Seniors' Education & Special Projects, University of Regina
2:30 p.m.	Nutrition Break
3 p.m.	Individual Sessions - Discussion to formulate recommendations
4 p.m.	Discussion of recommendations
4:30 p.m.	Closure

Workshop Details

Dates:	Wednesday, May 31 & Thursday, June 1, 1989
Location:	Education Building Main Campus University of Regina
Fee:	Includes reception, refreshments, lunch, & directory **Early registration deadline May 8, 1989** $35 for professionals $10 for students, voluntary caregivers, & seniors **After May 8, 1989** $40 for professionals $15 for students, voluntary caregivers, & seniors.

REGISTRATION FORM

Surname _____ First Name _____ Occupation _____

Home Address (Number and Street) _____ Employer's Name _____

City _____ Postal Code _____ Employer's Address _____

Home Phone _____ Please indicate any dietary restrictions you have in attending: ☐ Vegetarian ☐ Other _____ Postal Code _____

Send my receipt to my ☐ home ☐ employer ☐ Vegetarian Caregivers & Seniors ☐ Human Services ☐ Special Care Home ☐ Home Care ☐ Elder Abuse ☐ Other _____ Business Phone _____ $ _____ Fee

FOCUS ON ELDER ABUSE
Professional ☐ Student, Voluntary Caregiver or Senior ☐
Course Fee

Date _____

Signature _____

Payment should accompany this registration form (cheque or money order payable to the University of Regina). Mail to:
University of Regina, Room 291 L College Building, Regina, Sask. S4S 0A2

APPENDIX D

ELDER ABUSE WORKSHOP ADVISORY COMMITTEE

1. Ruth Clark
   Seniors' University Group
   506 - 1610 College Avenue
   Regina, SK
   S4P 1B7

2. Louise Frederick
   Nursing Instructor
   Health Services
   SIAST
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   Regina, SK
   S4S 5X1

3. Arvey Hanowski
   Faculty of Social Work
   LY 518.2
   University of Regina
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4. Bev Kaizer, Health Educator
   Health Promotions Branch
   Saskatchewan Health
   3475 Albert Street
   Regina, SK
   S4S 6X6

5. John Oussoren, Coordinator
   Seniors' Education & Special Projects
   University Extension
   CB 105
   University of Regina
   Regina, SK
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6. Barbara Saal
   Project Coordinator
   Seniors' Education Centre
   University Extension
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   University of Regina
   Regina, SK
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7. Dr. Colin Smith
Regina Mental Health Clinic
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8. Dr. Val Stolz
Department of Psychology
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9. Bernie Zaharik, Director
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